

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING

041998481

11/1

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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170												
TOTAL IND.												
TOTAL DEP.			↓	↓	↓							
TOTAL CLAIMS												

CLAIMS ONLY

SERIAL NO.	09998481	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY						SERIAL NO.	FILING DATE					
						09998481						
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
101							51					
102							52					
103							53					
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146							96					
147							97					
148							98					
149							99					
150							100					
TOTAL IND.							TOTAL IND.	9				
TOTAL DEP.							TOTAL DEP.	146				
TOTAL CLAIMS							TOTAL CLAIMS	155				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS